

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7244

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall			
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons Hospital				d. STREET ADDRESS (If rural, give location) 712 East Eastwood			
3. NAME OF DECEASED (Type or Print) Daniel		a. (First)		b. (Middle) Black		c. (Last) Robertson	
4. DATE OF DEATH Feb. 2, 1950		(Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 16, 1859.	
9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months 9 Days 16		11. BIRTHPLACE (State or foreign country) Knox County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY					
13a. FATHER'S NAME Albert G. Robertson		13b. MOTHER'S MAIDEN NAME Mary Black		14. NAME OF HUSBAND OR WIFE May Van Winkle Robertson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs D.B. Robertson, Marshall, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterio sclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  330 A				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 30, 1948, to Feb. 2, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 1:35 P. M., from the causes and on the date stated above.							
23a. SIGNATURE E. A. Hicken		(Degree or title) M.D.		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 2-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. Feb 6-1950		REGISTRAR'S SIGNATURE Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE CAMPBELL-LEWIS-MARSHALL-MO.		ADDRESS	
(Licensed Embalmer's Statement on Reverse Side)							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 27 1950  
District Health Officer No. 8,

District File Number.....

Date Filed 2-24-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*R. W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.